

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10531556

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3			/			
4		3	/			
5			/			
6		3	/			
7			/			
8	/		/			
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11	/		/			
12			/			
13		2	/			
14			/			
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16			/			
17		3	/			
18			/			
19	/		/			
20			/			
21		2	/			
22			/			
23			/			
24			/			
25						
26			3			
27			3			
28			3			
29			3			
30			3			
31			1			
32			1			
33			1			
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41			1			
42			1			
43			1			
44			1			
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48						
49						
50						
TOTAL IND.			64			
TOTAL DEP.			24			
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						